



CHATTANOOGA AREA USBC ASSOCIATION  
YOUTH SCHOLARSHIP FUND  
APPLICATION

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Parents or guardian (Full Name) \_\_\_\_\_

Address of parent/guardian \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number (home) \_\_\_\_\_ (other) \_\_\_\_\_

USBC membership number \_\_\_\_\_ How long have you been a member of USBC \_\_\_\_\_

Name of High School \_\_\_\_\_

What colleges have you applied too? \_\_\_\_\_

\_\_\_\_\_

What colleges have you been accepted too? \_\_\_\_\_

\_\_\_\_\_

What is your proposed course of study? \_\_\_\_\_

Will you attend college if this scholarship is not granted? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan to work during your college years? Yes \_\_\_\_\_ No \_\_\_\_\_

Attach essay to application

\_\_\_\_\_  
Signature of Applicant

RETURN TO Scott Vandiver, Association Manager  
9204 Charbar Cir  
Chattanooga, TN 37421

CHATTANOOGA AREA USBC ASSOCIATION  
YOUTH SCHOLARSHIP FUND  
SCHOOL EVALUATION  
FORM from Counselor

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of teacher or counselor \_\_\_\_\_

Phone number of counselor \_\_\_\_\_

Teacher or counselor: Please complete this form to enable this student to apply for a scholarship from the Chattanooga Area USBC Association Scholarship Fund.

All information will be kept confidential. Please mail complete form and transcript to the address listed below.

Please attach transcript of grades, and if possible, also list grade point average for the following semesters:

Grade 9 – 1st semester \_\_\_\_\_ Grade 10 – 1st semester \_\_\_\_\_ Grade 11 – 1st semester \_\_\_\_\_

Grade 9 – 2nd semester \_\_\_\_\_ Grade 10 – 2nd semester \_\_\_\_\_ Grade 11 – 2nd semester \_\_\_\_\_

Grade 12 – 1st semester \_\_\_\_\_

S.A.T. score \_\_\_\_\_ or A.C.T. score \_\_\_\_\_ Class Ranking \_\_\_\_\_

Personality Record \_\_\_\_\_

Extra curricular activities \_\_\_\_\_

Additional remarks you think would be helpful in our evaluation: \_\_\_\_\_

Signature of counselor \_\_\_\_\_

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CHATTANOOGA AREA USBC ASSOCIATION  
YOUTH SCHOLARSHIP FUND  
SCHOOL EVALUATION  
FORM from Teacher

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of teacher \_\_\_\_\_

Phone number of Teacher \_\_\_\_\_

Teacher or counselor: Please complete this form to enable this student to apply for a scholarship from the Chattanooga Area USBC Association Scholarship Fund.

All information will be kept confidential. Please mail complete form and transcript to the address listed below.

Extra curricular activities \_\_\_\_\_

\_\_\_\_\_

Additional remarks you think would be helpful in our evaluation: \_\_\_\_\_

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\_\_\_\_\_

Signature of Teacher \_\_\_\_\_

RETURN TO Scott Vandiver, Association Manager  
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CHATTANOOGA AREA USBC ASSOCIATION  
YOUTH SCHOLARSHIP FUND  
BOWLING EVALUATION  
FORM from USBC Coach

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of coach \_\_\_\_\_ Telephone number \_\_\_\_\_

Name of Bowling Center \_\_\_\_\_

Number of years applicant has bowled in USBC (Includes current season) \_\_\_\_\_

Does applicant observe bowling etiquette and sportsmanship? Yes \_\_\_\_\_ No \_\_\_\_\_

Does applicant observe league and bowling center rules? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional remarks you think would be helpful in our evaluation: \_\_\_\_\_

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\_\_\_\_\_  
Signature of USBC coach

RETURN TO            Scott Vandiver, Association Manager  
                             9204 Charbar Cir  
                             Chattanooga, TN 37421